

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3: 32

DOCUMENT # **F93000001459 (7)**

1. Corporation Name

STS PARTNER CORPORATION

Principal Place of Business SEARS TOWER, 68TH FLOOR CHICAGO IL 60684	Mailing Address SEARS TOWE D/970 TAX. BSC 6-26 CHICAGO IL 60684 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/24/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 36-3817598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Print and type or printed name of registered agent and title if applicable) _____ (Print name, Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORAN, CHARLES F
STREET ADDRESS	703 ST. JOSEPH DRIVE
CITY- ST- ZIP	OAK BROOK IL 50521
TITLE	VD
NAME	DENNY, JAMES M
STREET ADDRESS	927 ROMONA ROAD
CITY- ST- ZIP	WILMETTE IL 60091
TITLE	VD
NAME	LIDDY, EDWARD M
STREET ADDRESS	1331 NORTH GREEN BAY ROAD
CITY- ST- ZIP	LAKE FOREST IL 60045
TITLE	S
NAME	GRIENENBERGER, WARREN F
STREET ADDRESS	1310 CHESTNUT AVE.
CITY- ST- ZIP	WILMETTE IL 60091
TITLE	AS
NAME	ROHDE, BARBARA E
STREET ADDRESS	5704 SOUTH WALNUT
CITY- ST- ZIP	DOWNERS GROVE IL 60516
TITLE	T
NAME	CONDON, EDWARD J
STREET ADDRESS	6 EAST 8TH STREET
CITY- ST- ZIP	HINSDALE IL 60521

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE: James Blanda **JAMES BLANDA** 3/8/95
(Signature and typed or printed name of filing officer or director) (Date) (Filing Fee)